

MINUTES
BOARD OF NURSING
JANUARY 19, 2007
ROOM 474 HEBER M WELLS BLDG
160 EAST 300 SOUTH
SALT LAKE CITY UTAH

CONVENED: 7:35 a.m.

CONDUCTING: Pam Rice, chair

ADJOURNED: 10:00 a.m.

MEMBERS PRESENT: Helen Zsohar
Diane Forster-Burke
Pam Rice
Mary Williams

MEMBERS EXCUSED: Yvonne Sehy

DIVISION STAFF: Laura Poe, Executive Administrator
Shirlene Kimball, Secretary

GUESTS: Joyce Gamble, U of U
Peggy Brown, U of U
Carolyn Scheese, U of U Faculty Intern
Sally Cantwell, WSU Faculty Intern
Erin Maughan, BYU
Joyce Barra, SLCC
Traci Hardell, SLCC
Willie Dolowitz, SLCC
Lynn Hollister, U of U
Connie Madden, U of U
Catherine Coverston, BYU
Susan W. Hall, U of U

TOPIC OF DISCUSSION:

DISCUSSION REGARDING
CLINICAL EXPERIENCE AND
PRECEPTORS:

DECISIONS/RECOMMENDATIONS:

Ms. Forster-Burke explained the Committee had received a request from Indiana State University to allow students from that program to obtain clinical hours in Utah working with a preceptor. In the past, the only accepted precepted hours have been in the Capstone (final clinical rotation) course. Committee members would like

to discuss this issue to determine whether or not a change should be considered and accept preceptor hours earlier in a program and whether or not a whole program could be precepted.

Ms. Forster-Burke indicated her concern with the preceptor model is that the faculty member is not the primary educator on site. Dr. Zsohar indicated that the level of expertise and skill of the student should also be considered. A student one term away from graduation has the background needed to succeed. Dr. Williams questioned who assigns the preceptor, how much control does the school have over the preceptor, is the preceptor being paid and who assigns the grades? Ms. Forster-Burke stated there is concern tying theory into the clinical experience.

Ms. Forster-Burke asked the representatives from the nursing programs for input. The educators all indicated that the type of education required for a first semester student is different from an advanced student. The preceptorship requires a lot of faculty time and preparation to identify the appropriate student and to identify the appropriate preceptor. There was concern nurses in facilities do not have the experience in teaching and would need additional training.

Ms. Hollister, University of Utah indicated she placed a student in a preceptorship out of state. The student was in the last semester of her program and the preceptor was chosen by the nurse educator in the facility. The nursing program remained in contact with the preceptor by e-mail and other electronic communication. Ms. Hollister stated the preceptor was not

paid and that the student worked the same hours as the preceptor.

Ms. Barra indicated that SLCC piloted a critical care experience where beginning students were precepted one-on-one early in the program, however, it required additional faculty on site. Ms. Madden indicated the University of Utah conducted a pilot for two semesters with preceptors, however, discontinued it when the faculty member involved left the program. Ms. Coverston, BYU, stated they also did a pilot program with second semester students, however, discontinued the program because of the Board's position at that time. Ms. Barra indicated one problem that occurred was that if the student did not show, the preceptor did not contact the program.

Ms. Zsohar questioned whether or not the Board could require the same standard that NLNAC or CCNE has regarding the level of preparation of faculty members for the level of preceptor?

Committee members indicated that a definition of preceptor would need to be added to the Rules if it is determined that the preceptorship is acceptable. Ms. Gamble stated she feels the preceptor must have at least one year experience, be recommended by the education staff of the facility, be someone who has had preceptor training and the student would not be allowed to work the night shift. There was a question regarding whether or not the preceptor could also take student nurses? Ms. Brown indicated it would be too difficult. It is taxing to have students all the time. Ms. Poe

also discussed student faculty ratio. Ms. Forster-Burke stated that the beginning of education requires more involvement of the faculty and the ratio must be lower than in the Capstone course. It was indicated that a ratio of 1-10 would be appropriate for the new students.

Ms. Poe questioned whether or not those present would be comfortable with an entirely precepted program? Concern was expressed with a student having gone through a program with only one preceptor. Ms. Hollister stated she is not adverse to utilizing a preceptor throughout an entire program, as long as stringent rules are in place. There would need to be over-site by faculty members, the preceptor would need to be trained, outcomes of the program would need to be spelled out and the student monitored throughout the whole program.

Ms. Poe questioned if the clinical faculty member needs to be within an x amount of distance. Ms. Madden stated faculty members can be within a certain distance, but need to be electronically available at all times, and it would not be acceptable to have the faculty member out of state. There would have to be appropriate student faculty ratio. There is a comfort level with having the faculty member just 10 minutes away.

Committee members discussed the educational preparation of the preceptor and whether or not the preceptor needs to be at the same level or the level above the preceptee? Ms. Barra indicated that if it is the PN level, they would want the PN to orient to the PN role and not to the RN role. Ms. Hollister stated she would prefer to

have a BSN prepared individual, however, the reality is there may not be enough BSN prepared individuals available. If the program is one where the PN is first and then move on to the RN, an LPN could be acceptable in the PN program, if enter the second year, the preceptor would have to be an RN with experience. Can say we prefer BSN, but not mandate it.

Ms. Poe questioned whether or not rules that would define the role of a preceptor, how they are used, training guidelines and minimum criteria should be considered? What do we expect of the clinical faculty? Discussion participants recommended the Committee and Board pursue rules refining the role of preceptors in clinical experiences.

NOMINATION OF CHAIR OF
EDUCATION COMMITTEE:

Ms. Forster-Burke was nominated as chair of the Education Committee. All Committee members in favor.

DISCUSSION REGARDING
STEVENS-HENAGER REQUEST TO
START A PN PROGRAM ON
ANOTHER CAMPUS WHILE THE
OGDEN RN CAMPUS MOVES
THROUGH THE FULL APPROVAL
PROCESS:

Committee members discussed the Stevens-Henagar request. Ms. Poe indicated that other programs on provisional approval have asked to expand their program, and we have indicated they must demonstrate a quality program via national accreditation before expanding. This request is a variation because the Ogden campus is approved as RN program and they would like to add a PN program to a different campus. They would be submitting a new application and going through the approval process.

Committee members expressed concern that this program was requesting to expand their program before the provisional approval program

has even started.

Dr. Zsohar made a Motion to wait and see if the RN program is successful before approving the opening of another program at another site. Dr. Williams seconded the Motion. All Board members in favor.

REVIEW EDUCATION PROGRAM
APPLICATION:

Committee members reviewed the application. A sample disclaimer stating that another institution may not accept the transfer credits will be added. Ms. Poe reported NLNAC has started a candidacy status approval program. Committee members indicated it would be helpful to have the candidacy status prior to granting provisional approval. Dr. Zsohar made a Motion to implement the application. Dr. Williams seconded the Motion. All Committee members in favor.

REVIEW NCLEX-PN TEST PLAN:

Ms. Poe indicated that the passing score will be increased by 1%. Ms. Forster-Burke expressed concern with the IV therapy questions. IV therapy is post licensure, and most students do not receive didactic in the PN program. That information is obtained post graduate and should not be in the exam. Ms. Forster-Burke questioned whether or not this is a national trend? Dr. Zsohar indicated the questions do not have to do with starting IV's, but with monitoring and administration.

REVIEW INFORMATION ON
NATIONAL VERSUS REGIONAL
ACCREDITATION:

Ms. Poe indicated that Utah Career College provided the information. Ms. Poe questioned whether or not Committee members would like this placed on the next agenda for discussion. Ms. Poe indicated she does not think we will get a definition of higher education. Ms. Poe indicated it is not acceptable to recognize a general

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national accreditation that is not accepted by NLNAC. Dr. Williams made a Motion to continue with rules regarding accreditation; however, no further discussion is necessary. Dr. Zsohar seconded the Motion. All Board members in favor.

DIANE FORSTER-BURKE, CHAIR

DATE